## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 5756(8
APPLICANT(S)

FILING DATE

## **CLAIMS**

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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DEP.	39	<b>(-</b>		<b>(-</b>		<b>+</b>
TOTAL CLAIMS	45	197		4		
PTO - 136	0 (REV. 11/0	4)				

	AS FILED			FER ndment	AFTER 2 ™ AMENDMENT	
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TOTAL DEP.		<b>(</b>		<b>+</b>		<b>+</b>
TOTAL CLAIMS						
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